



Budapest Treaty Deposits

ENCLOSURE A

**American Type Culture Collection**

12301 Parklawn Drive, Rockville, MD 20852 USA, Telephone (301) 231-5520 Fax (301) 816-4366

**TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF  
BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE  
DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE**

1. Name of deposit (e.g., microorganism, cell line, seed, plasmid, etc.). If cell line, please provide tissue & species.  
TR2B
  2. Strain designation (i.e., number, symbols, etc). Lambda gtlI packaged into Lambda 2 phage
  3. Is this an original deposit under the Budapest Treaty? Yes
  4. Is this a request for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Treaty? If so, please indicate ATCC designation. No
  5. Is this deposit a mixture of microorganisms or cells? No
  6. Provide details necessary to cultivate, test for viability and store deposit. If mixture, provide description of components and a method to check presence.  
Lambda gtlI vector that contains TR2B clone is packaged into Lambda phage  
and stored in 7% DMSO at -80°C.  
To cultivate, infect bacteria and extract DNA
  7. Provide an indication of the properties of the strain which are or may be dangerous to health or the environment.  
Depositor is unaware of such properties.
  - \*8. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).  
a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.  
b. If deposit is hybridoma, what is the isotype of antibody produced?
  - \*9. Is this strain zoopathogenic? NO phytopathogenic? NO
  10. (MUST BE COMPLETED) Packaging Class I, II, III, IV [In accordance with U.S. Public Health Services Regulation 42 C.F.R. § 72.3 (a)-(f)]? Class 1
  11. Does this strain contain plasmids relevant to the patent process? Yes  
If so, what physical containment level is required (National Institutes of Health Guidelines Involving Recombinant DNA Molecules, i.e., P1, P2, P3 or P4 facility)? P1
  - \*12. Isolated from? Human brain
- \* The answers to these questions are recommended but not required.

ATCC USE ONLY

ATCC DESIGNATION \_\_\_\_\_ RECEIVED \_\_\_\_\_ V.T. RESULT &amp; DATE \_\_\_\_\_

**FEES:** 30 years' storage \$600. 30 years' notification \$360. Viability testing \$100 to \$400 or quoted price, dependent upon necessary material and/or equipment. Expedite ATCC number \$10. Return sample for approval (if not submitted frozen or freeze-dried) \$30. Prepare additional samples of cells or hybridomas \$500. Additional costs for return of samples outside U.S.A.

**STORAGE:** Cultures are stored for 30 years from date of deposit and for five years after the last request for a sample, as required under the rules of patent offices in most countries.

13. After a U.S. Patent issues, ATCC makes the culture available to anyone who requests it, as allowed under U.S. laws. Prior to issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. In addition to those entitled to a sample under the Budapest Treaty and the European Patent Convention, do you wish the strain made available:

- a. As of the date of deposit to anyone who requests a culture? (If "yes", there are no restrictions on distribution from date of deposit or conversion to Budapest). NO
- b. To requestors which satisfy Patent Offices in countries not signatory to the Budapest Treaty? If "yes", please state which countries. NO

14. Do you wish ATCC to inform you of all requests for this strain? (\$360 fee for 30-year informing). Yes

15. Would you like expedited notification of your ATCC number? (\$10 fee). ATCC must observe viability first. NO

Name of Individual. \_\_\_\_\_

Fax No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

16. Payment by check, or credit card (MasterCard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. If arrangements have been made to bill you for services, please indicate person who should receive invoice. Also, please include P.O. number.

John Freeman, Esq. Fish & Richardson

225 Franklin Street

Boston, MA 02110-2804

Credit Card number (indicate MasterCard or VISA) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type or print the name shown on credit card \_\_\_\_\_ Signature \_\_\_\_\_

17. Name, address and facsimile number of your attorney of record. \_\_\_\_\_

John Freeman, Esq. Fish & Richardson

225 Franklin Street, Boston, MA 02110-2804

18. **MUST BE COMPLETED.** Owner of deposit. (Verify with your management who owns the deposit. The owner is usually a company or institute, and normally is not an individual.) \_\_\_\_\_

Dr. Stuart A. Lipton

19. Additional comments. \_\_\_\_\_

*I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit and 5 years after the date of the most recent request for the deposit), and that if a culture should die or be destroyed during the life of the patent, or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.*

Stuart A. Lipton Stuart A. Lipton 4/26/96  
Typed Name Signature Date

Address. Children's Hospital, 300 Longwood Avenue, Enders 361, Boston, MA 02115

THIS FORM MUST BE COMPLETED IN ENGLISH

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:

Patent Depository  
American Type Culture Collection  
12301 Parklawn Drive  
Rockville, MD 20852 U.S.A.